

Agenda Item 13

Performance Monitoring Report



Falkirk Integration Joint Board

19 November 2021

Performance Monitoring Report

For Consideration & Comment

1. Executive Summary

- 1.1 The Performance Monitoring Report September 2020 – September 2021 is presented to support the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.
- 1.2 The report provides a summary of key performance issues and draws on a basic balanced scorecard approach with a focus on exception reporting.

2. Recommendations

The Integration Joint Board is asked to consider and comment on:

- 2.1 the content of the Performance Monitoring Report
- 2.2 note that appropriate management actions continue to be taken to address the issues identified through these Performance Monitoring Reports.

3. Background and Approach

- 3.1 The overall approach to performance underlines the principle that robust performance management is integral to the delivery of quality improvement and core to sound management, governance and accountability.
- 3.2 The Performance Monitoring Report is presented to support focus on current key performance issues and actions in relation to the delivery of services and relevant national and local targets and measures aligned to the Strategic Plan. Performance reporting will continue to develop in a responsive manner taking account of Scottish Government directives and local changes. It supports the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.
- 3.3 Performance indicators within the report are monitored on an ongoing basis through a variety of groups, including the Partnership Management Team.

4. Performance Monitoring Report

- 4.1 The Falkirk Partnership Performance Group has proposed a structured and themed timetable in relation to performance monitoring reporting for 2021. This has been based on the IJB programme of meetings.
- 4.2 The content of the Performance Monitoring report covers the reporting period September 2020 – September 2021. It focuses on local performance indicators and data, providing a year-on-year comparison. This includes information on delayed discharges and Emergency Department (ED) performance. The report is attached at Appendix 1.
- 4.3 The report draws on a basic balanced scorecard approach designed to provide a comprehensive ‘at a glance’ view of measures against associated targets, with a comparison from the previous year and direction of travel. There is a focus on exception reporting with measures displaying a deteriorating position against the last comparable reporting timeframe or are particular areas of challenge.
- 4.4 Section 1 provides a summary of key performance issues for the Integration Joint Board, with an extract provided below:

- **ED Performance against the 4 Hour Access Standard**

The September 2021 compliance for the Falkirk Partnership highlights a decrease in performance to 64.8% compared with 90.0% in September 2020.

- **Adult Protection Referrals**

There were 55% more of Adult Protection referrals in the first half of 2020/21 compared to the same period last year.

The Adult Protection Committee monitors and oversees activity.

- **Delayed Discharge**

The Falkirk partnership breakdown at the September 2021 census is noted as:

- 46 Standard delays, 27 are delayed over 2 weeks
- 18 guardianship/code 9 exemptions
- 64 total delays.

- **Complaints – Falkirk Council Social Work Adult Services**

In the first half of 2021/22, 32 complaints were resolved with 25 (73%) of them completed within timescales. This compares to 25 complaints resolved and 16 (64%) completed within timescales in the equivalent period in the year before.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

- **Complaints – NHS Forth Valley**
In the period April 2021 to August 2021, a total of 9 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The 20-day response rate is noted as 77.8%.
 - **Attendance management – Social Work Adult Services**
The overall sickness absence figure for 2021/22 to the end of Q2 was 12.4%. For the same period last year sickness absence was 10.3%.
 - **Attendance management - NHS Forth Valley**
The overall August 2021 sickness absence position is reported as 6.2% with the 12-month rolling position noted as 6.0%.
 - **Psychological Therapies**
In September 2021, 63.8% of patients started treatment within 18 weeks of referral. This is static from 63.7% in August 2021 and a deterioration from 66.4% in September 2020.
 - **Overdue pending Occupational Therapy Assessments**
The number of overdue OT pending assessments increased by 35% from 208 at the end of June 2021 to 280 at the end of September 2021.
- 4.5 Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.
- 4.6 Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.
- 4.7 Section 4 provides an overview of the Falkirk Health and Social Care Partnership performance against the national core suite of integration indicators. These will be reported in the Annual Performance Report.

5. Conclusions

The Performance Monitoring Report presents a range of information on local indicators for the reporting period September 2020 – September 2021.

Resource Implications

The management of performance is critical to managing the overall budget of the IJB. The resource requirements to ensure effective performance management and performance reporting are under review.

Impact on IJB Outcomes and Priorities

By managing performance, the delivery of the IJB outcomes and priorities can be assessed, providing a sound basis from which to make decisions

regarding investment and service redesign.

Directions

No amendment or new Direction is required for this report.

Legal & Risk Implications

Performance management is a legal requirement as defined in the IJB's Integration Scheme.

Consultation

This is not required for the report.

Equalities Assessment

This is not required for the report.

6. Report Authors

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7. List of Background Papers

n/a

8. Appendices

Appendix 1: Performance Monitoring Report September 2020 – September 2021



Performance Monitoring Report

Reporting Period
September 2020 – September 2021

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1. KEY PERFORMANCE ISSUES

1.1 Emergency Department (ED) Performance against the 4 hour Access Standard

95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

The September 2021 compliance for the Falkirk Partnership highlights a decrease in performance to 64.8% compared with 90.0% in September 2020.

1.2 Adult Protection Referrals

There were 55% more of Adult Protection referrals in the first half of 2020/21 compared to the same period last year.

The Adult Protection Committee monitors and oversees activity.

1.3 Delayed Discharge

The Falkirk partnership breakdown at the September 2021 census is noted as:

- 46 Standard delays, 27 are delayed over 2 weeks
- 18 guardianship/code 9 exemptions
- 64 total delays.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 1274 at the September 2021 census. As with the Forth Valley position this is a significant increase from the September 2020 census position of 476.

1.4 Complaints - Falkirk Council Social Work Adult Services

In the first half of 2021/22, 32 complaints were resolved with 25 (73%) of them completed within timescales. This compares to 25 complaints resolved and 16 (64%) completed within timescales in the equivalent period in the year before.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

1.5 Complaints - NHS Forth Valley

In the period April 2021 to August 2021, a total of 9 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 77.8% with 100% of Stage 1 complaints responded to within the timescale and 66.7% of Stage 2 complaints.

1.6 Attendance Management – Social Work Adult Services

The overall sickness absence figure for 2021/22 to the end of Q2 was 12.4%. For the same period last year sickness absence was 10.3%.

1.7 Attendance Management - NHS Forth Valley

The target is to reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed. The overall August 2021 sickness absence position is reported as 6.2% with the 12-month rolling position noted as 6.0%.

1.8 Psychological Therapies

In September 2021, 63.8% of patients started treatment within 18 weeks of referral. This is static from 63.7% in August 2021 and a deterioration from 66.4% in September 2020. Patients who have experienced the longest waits are being prioritised however this can adversely impact achievement of the 18 week Referral to Treatment standard.

1.9 Overdue pending Occupational Therapy (OT) Assessments

The number of overdue OT pending assessments increased by 35% from 208 at the end of June 2021 to 280 at the end of September 2021. Of these 280 cases, 217 (77%) were priority 2 and the remainder - 63 (22%) - were priority 3. The service has consistently been able to respond to priority one assessment and there has been no waiting list for these.

2. PERFORMANCE DASHBOARD

2.1. Format and Structure

The Partnership focus is across the local outcomes with work continuing to support a balanced approach to measurement and reporting.

This section of the report highlights local data based on the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison. Performance data relates to adults aged 18 and over.

The Performance Exception Reports at section 3 detail areas of challenging performance or indicators that require on-going monitoring. Key issues are highlighted along with actions underway to support improvements.

Key:

Direction of travel relates to previously reported position	
▲	Improvement in period
◀▶	Position maintained
▼	Deterioration in period
—	No comparative data

2.2. Table 1: Self-Management Indicators 24 – 40

Ref	Measure	Sep 2020	Sep 2021	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	90.8%	69.3%	▼	Page 10
25	Emergency department 4 hour wait Falkirk	90.0%	64.8%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1473	1919	▼	-
27	Emergency department attendances per 100,000 Falkirk	1537	1993	▼	-
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1132	932	▲	-
29	Emergency admission rate per 100,000 Falkirk population	1119	937	▲	-

Ref	Measure	Aug 2020	Aug 2021	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	688	632	▲	-
31	Acute emergency bed days per 1000 Falkirk population	694	651	▲	-

Ref	Measure	Mar 2020	Mar 2021	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	25,658	55,811	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	12,454	32,006	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	8.1%	18.2%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk Acute emergency bed	7.8%	10.4%	▲	-

Ref	Measure	2019/20	2020/21	Direction of travel	Exception Report
Self Directed Support (SDS) options selected: People choosing					
37	SDS Option 1: Direct payments (data only)	27 (0.6%)	29 (0.7%)	-	-
38	SDS Option 2: Directing the available resource (data only)	101 (2.2%)	17 (0.4%)	-	-
39	SDS Option 3: Local Authority arranged (data only)	4,009 (88.8%)	4,128 (92.7%)	-	-
40	SDS Option 4: Mix of options (data only)	376 (8.3%)	279 (6.3%)	-	-

Total service option choices - Option 1 – 61 (1.4% of people choosing)
- Option 2 – 268 (6.0%)
- Option 3 – 4,406 (98.9%)

Note: The significant fall in Option 2 is attributed to a reduction of respite care provided during this Covid affected period. These service users often receive no other service and, where they do, are frequently receivers of LA arranged Home Care (Option 3), leading to reduction in multiple option choices (Option 4) and increase in single choice of Option 3.

Update from provisional 2020/21 figures

2.3. Table 2: Safety Indicators 42 - 49

Ref	Measure	Sep 2020	Sep 2021	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 FV population	1.65	1.10	▲	-
43	Readmission rate within 28 days per 1000 Falkirk population	1.97	1.65	▲	-
Ref	Measure	2020/21 H1	2021/22 H1	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	350	543	-	P11
46	Number of Adult Protection Investigations (data only)	83 (43 SW, 40 Police only)	46 (22 SW, 24 Police only)	-	-
	<i>% of protection referrals that result in an investigation</i>	12%	4%	-	-
47	Number of Adult Protection Support Plans at end of period (data only)	20 (at 31/03/21)	20 (at 30/09/21)	-	-

Ref	Measure	2019/20	2020/21	Direction of travel	Exception Report
48	The total number of people with community alarms at end of the period	4,087 (at 31/03/20)	3,989 (at 31/03/21)	-	-

Ref	Measure	2020/21 H1	2021/22 H1	Direction of travel	Exception Report
49	Percentage of community care service users feeling safe	90%	89%	▼	-

2.4. Table 3: Experience Indicators 54-68

Ref	Measure	Sep 2020	Sep 2021	Direction of travel	Exception Report
54	Standard delayed discharges	29	46	▼	Page 12
55	Standard delayed discharges over 2 weeks	11	27	▼	
56	Bed days occupied by delayed discharges	476	1274	▼	
57	Number of code 9 delays, including guardianship	13	18	▼	
58	Number of code 100 delays	3	6	▼	
59	Delays - including Code 9 and Guardianship	42	64	▼	

Ref	Measure	2020/21 H1	2021/22 H1	Direction of travel	Exception Report
60	Percentage of service users satisfied with their involvement in the design of their care package	98%	98%	◀▶	-
61	Percentage of service users satisfied with opportunities for social interaction	89%	92%	▲	-
62	Percentage of carers satisfied with their involvement in the design of care package	93%	91%	▼	-
63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support	92%	92%	◀▶	-

Ref	Measure	2020/21 H1	2021/22 H1	2021/22 H1 Stage 1	2021/22 H1 Stage 2	Direction of travel	Exception Report
64	a. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	16/25	25/32	23/29	2/3	-	Page 16
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	64%	73%	79%	67%	▲	
	c. Proportion of Social Work Adult Services complaints upheld	% Resolved		14%	0%		
		% Upheld		21%	0%	-	-
		% Partially upheld		17%	33%	-	-
		% Not upheld		48%	67%	-	-

Ref	Measure	Apr 2020-Mar 2021	Apr-Aug 2021	Direction of travel	Exception Report
65	a. The number of complaints to NHS Forth Valley applicable to Falkirk IJB (Stage 1 & Stage 2)	24	9	-	Page 18
	b. The percentage of complaints responded to within 20 days (Stage 1 & Stage 2)	75%	77.8%	-	
	c. The number of SPSO cases received	0	2	-	

Ref	Measure	2020/21 H1	2021/22 H1	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	10.3%	12.4%	▼	Page 19

Ref	Measure	Aug 2020	Aug 2021	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	5.6%	6.2%	▼	Page 21

Ref	Measure	Apr 2018-Mar 2019	Apr 2019-Mar 2020	Direction of travel	Exception Report
67	Number of Alcohol Brief Interventions delivered – annual target 3410 (most up to date published position)	9158	9030	▼	-

Ref	Measure	Jan 2020-Mar 2020	Jan 2021-Mar 2021	Direction of travel	Exception Report
68a	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Alcohol & Drug Partnership - 90% target (most up to date published position)	95.9%	97.2%	▲	-
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons - 90% target (most up to date published position)	87.8%	100%	▲	-

Ref	Measure	Sep 2020	Sep 2021	Direction of travel	Exception Report
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	66.4%	63.8%	▼	P22

2.5. Table 4: Strong Sustainable Communities Indicators 69 - 82

Ref	Measure	End Mar 2020	End Mar 2021	Direction of travel	Exception Report
72	Number of people aged 65+ receiving homecare	1,660	1,536	**	-
73	Number of homecare hours for people aged 65+	11,352	11,673		-
74	Rate of homecare hours per 1000 population aged 65+	371.4	380.8		-
75	Number people aged 65+ receiving 10+ hrs of home care	373	420		-

76	a. Number & percentage of Home Care service users aged 65+ receiving personal care	1,650 & 99.4%	1,514 & 98.6%		-
76	b. Number & percentage of Home Care service users aged 18-64 receiving personal care	205 & 100%	208 & 99.0%	-	-
<p>**Please note that the Home Care data in indicators 72 - 76 are derived from the SOURCE dataset submitted to Public Health Scotland, using a snapshot at the end of March. Note the data relates to Care At Home services only and omits here services delivered under housing support.**</p> <p><i>Update from provisional 2020/21 figures</i></p>					

Ref	Measure	2020/21 H1	2021/22 H1	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	85	73	-	-

Ref	Measure	2020/21 H1	2021/22 H1	Direction of travel	Exception Report
83	The number of people who had a community care assessment or review completed	5,384 people (7,170 assessments 3,314 reviews)	5,929 people (7,212 assessments 2,959 reviews)		
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	42	192	-	-

Ref	Measure	At 30 Sep 2020	At 30 Sep 2021	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	179	280	▼	P23

Ref	Measure	2015/16	2020/21	Direction of travel	Exception Report
86	Proportion of last six months of life spent at home or in a community setting	86%	89.4%	▲	-

3. PERFORMANCE EXCEPTION REPORTS

3.1. Local Outcome: Self-Management - Unscheduled Care – Emergency Department (ED) Compliance

Target

95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. This is a whole system target.

Performance

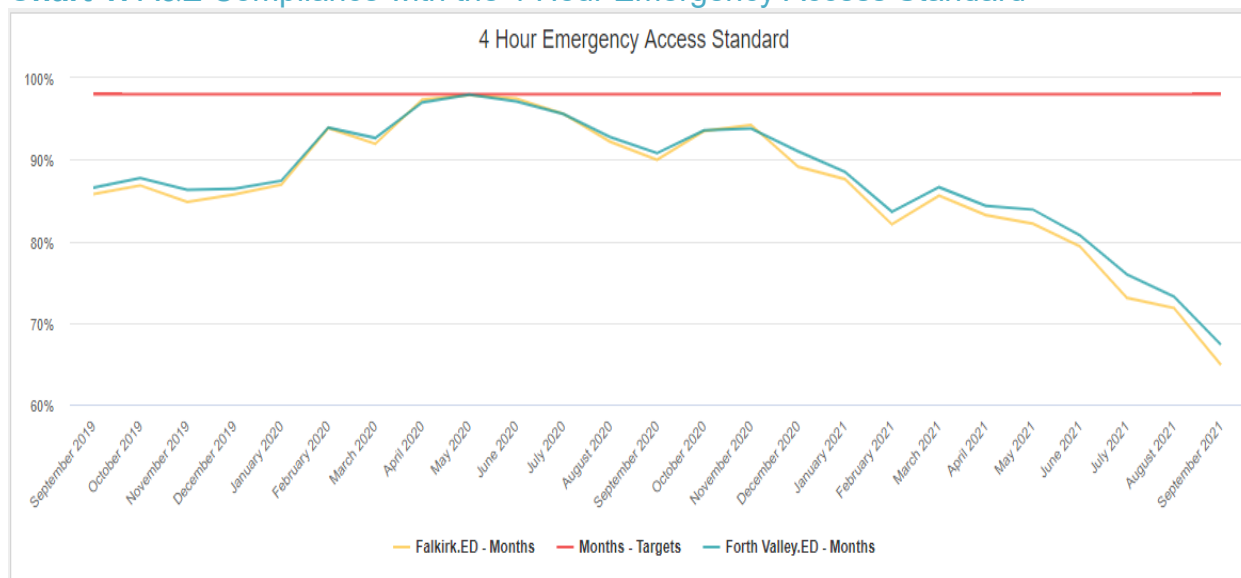
Overall compliance for with the 4 hour target in September 2021 was 56.7%; Minor Injuries Unit 99.6%, Emergency Department 69.3%. In September 2021, a total of 2331 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 380 waits longer than eight hours and 50 waits longer than 12 hours. The main reason for patients waiting beyond 4 hours was wait for first assessment, with a cohort of 1680 patients. Wait for bed accounted for 272 patients waiting beyond 4 hours with clinical reasons accounting for 143 breaches.

The September 2021 compliance for the Falkirk Partnership highlights a reduction in performance to 64.8% compared with 90.0% in September 2020.

The position within ED continues to be challenging with variation in performance and length of stay, delayed discharges and time of discharge from hospital all having an impact on the flow through ED. Focus remains on ensuring patient and staff safety with daily meetings in place to review urgent actions required to improve the system capacity and flow.

The chart below notes performance from September 2019 – September 2021.

Chart 1: A&E Compliance with the 4 Hour Emergency Access Standard



As previously highlighted, a programme of redesign is planned as a key part of NHS Forth Valley's plan to improve the unscheduled care performance across Forth Valley by responding to challenges and emerging issues through a series of

three programmes; Access, Optimise and Transfer. The programmes are aligned to key drivers and to an overarching vision of 'Transforming Our Care'. The core objectives are around: Continuing to improve the quality and safety of our patients; Improving performance against the four hour standard; Ensuring our care is patient centred and well-coordinated (working in partnership). The Access programme within 'Transforming our Care', will see the Emergency Department reviewed in its totality including pathways into and out of ED.

The Partnership is committed to supporting people to receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital. There are a range of services in place that aim to support people to remain more resilient at home by identifying and addressing gaps and utilising the assets they have and their care circle/community available. At a time of escalating need or 'crisis' services support people to access care or support at the lowest level of intervention appropriate to address their needs.

3.2. Adult Protection Referrals

Purpose

All adults deserve to feel safe, make their own choices and be treated with dignity and respect.

Making sure that all adults are safe, particularly people who are ill, frail or have a disability, is everyone's business. The Council has a legal duty to protect and support adults at risk of harm and will respond to every concern.

Position

There were 55% more of Adult Protection referrals in the first half of 2021/22 compared to the same period last year.

While this has included a noticeable increase in referrals relating to self-harm and neglect, perhaps reflecting the mental health pressures of the persistent circumstances of the Covid pandemic, there is a broader increase in referrals which continues a trend that began before the pandemic.

However, overall investigation activity is 44% less, including police only investigations. It is also the case that a lower percentage of referrals have led to investigations involving Council Officers, 12% in the first half of 2020/21, 4% in the same period this year.

Following receipt of referral the council is required to initiate an inquiry as they will have grounds for believing that the person referred may be an adult at risk of harm. If initial inquiries do not provide sufficient information to determine whether or not the adult is at risk, then further steps should be taken to allow for such a determination to be made. If this involves a visit and direct contact with the adult for interview or medical examination, or for the examination of records then the inquiry will progress to the investigation stage, and the Act requires that a council officer must be involved.

In summary an adult protection investigation will contain any or all of the following elements, all of which require the involvement of a council officer:

- a visit
- an interview with the adult
- a medical examination of the adult
- the examination of records.

We have recognised areas for improvement for recording these interventions as an investigation to support our workforce to make a clear distinction between initial inquiry and investigation processes. Difficulties with this distinction are recognised nationally and the refresh to the ASP Codes of Practice aims to provide improved guidance in this area.

We have experienced an increase in self-harm and self-neglect referrals during our last reporting year. We need to support our workforce with recognising their interventions with an adult where the category of harm is 'self' as an investigation. Investigations may be more certain or understood if there is a third party perpetrating harm.

Where inquiries do not proceed to investigation after initial referral discussions with Health and Police, it is rare that no further actions are taken by Social Work Adult Services community care teams. An adult protection closure is completed however ongoing support through care management processes are taken to reduce the likelihood of harm occurring in the future. This is evidenced in our adult support and protection outcomes; adults are more likely to be better able to protect themselves or confide any future concerns if they have a strengthened support network and trusted relationships in their community.

Adult Support and Protection activity is monitored and overseen by the Adult Protection Committee, with performance issues delegated to the Continuous Improvement sub-group for analysis, reporting and improvement recommendations.

3.3. Local Outcome: Experience – Unscheduled Care - Delayed Discharge

Performance

Table 1 provides a breakdown of Delayed Discharge performance at the September 2021 census.

Table 1: Delayed Discharge Breakdown – September 2021

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	19	27	46	17	1	64	6	1
Total FV	34	56	90	25	5	115	9	1

The September 2021 census position for Forth Valley delays over 14 days is 56 against a zero standard. A further 34 delays waiting under 2 weeks brings the total number of standard delays to 90. Including 25 code 9 exemptions the total number of delayed discharges at the September 2021 census point is noted as 115.

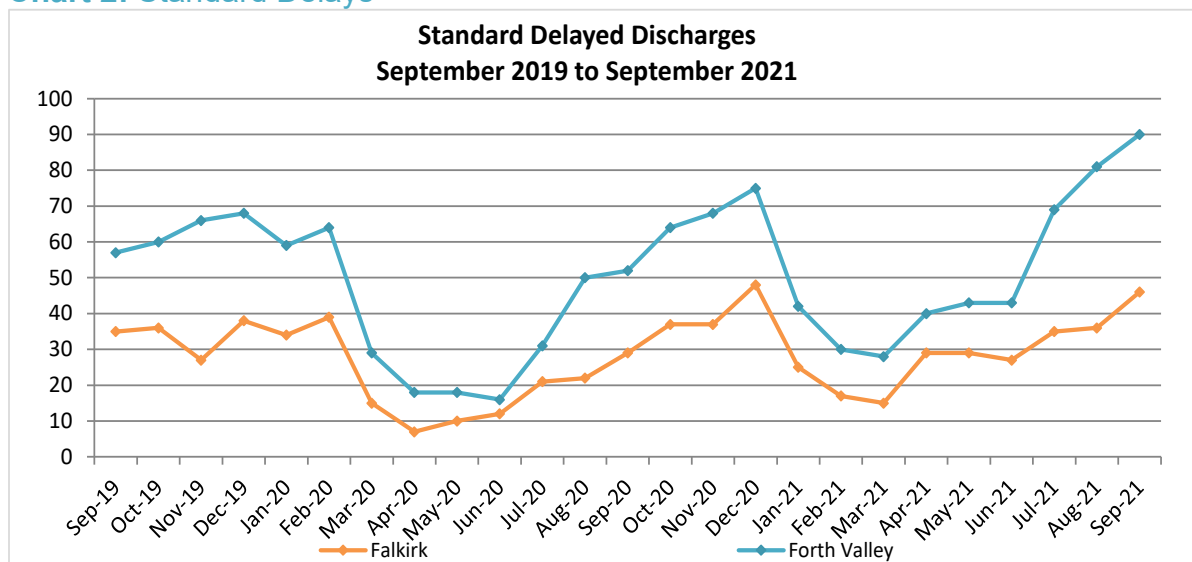
A further 6 delayed discharges are noted from residents living in Local Authority outwith the Forth Valley area.

The Falkirk partnership breakdown at the September census is noted as:

- 46 Standard delays, 27 are delayed over 2 weeks
- 18 guardianship/code 9 exemptions
- 64 total delays

Standard delays September 2019 to September 2021 are detailed in chart 2 below.

Chart 2: Standard Delays



In addition, at the September census there were 9 code 100 delays within Forth Valley, 6 for Falkirk Partnership.

Of the 46 Standard Delays in Falkirk:

- 19 awaiting care home placement (17 over two weeks; 2 under two weeks)
- 14 awaiting care packages for home (5 over two weeks; 9 under two weeks)
- 8 allocated and assessment commenced (5 over two weeks; 3 under two weeks)
- 5 awaiting move to intermediate care bed (under 2 weeks)

Table 2: Bed Days Occupied by Delays Over and Under 2-week Target at Census Point (Exc. Codes 9 and 100)

	Under 2 wks	Over 2 wks	Total BDO
Falkirk	105	1169	1274
Total FV	204	2324	2528

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the September 2021 census was 2528, as noted in table 2 above. This is an increase from the September 2020 position of 790. An average of 944 bed days occupied was noted at the monthly census October 2020 to September 2021. Of note is that a further 319 bed days were occupied by people delayed in their discharge from outwith Forth Valley.

Falkirk Partnership position mirrors that of NHS Forth Valley. There was an increase in the number of bed days occupied by delayed discharges from 476 in September 2020 compared to 1274 in September 2021. The average number of occupied bed days at the monthly census October 2020 to September 2021 was 568.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position September 2019 to September 2021 detailed in chart 3 below.

Chart 4 highlights the position in relation to the number of Code 9 and Guardianship patients.

The overall position remains under continual review.

Chart 3: Occupied Bed Days

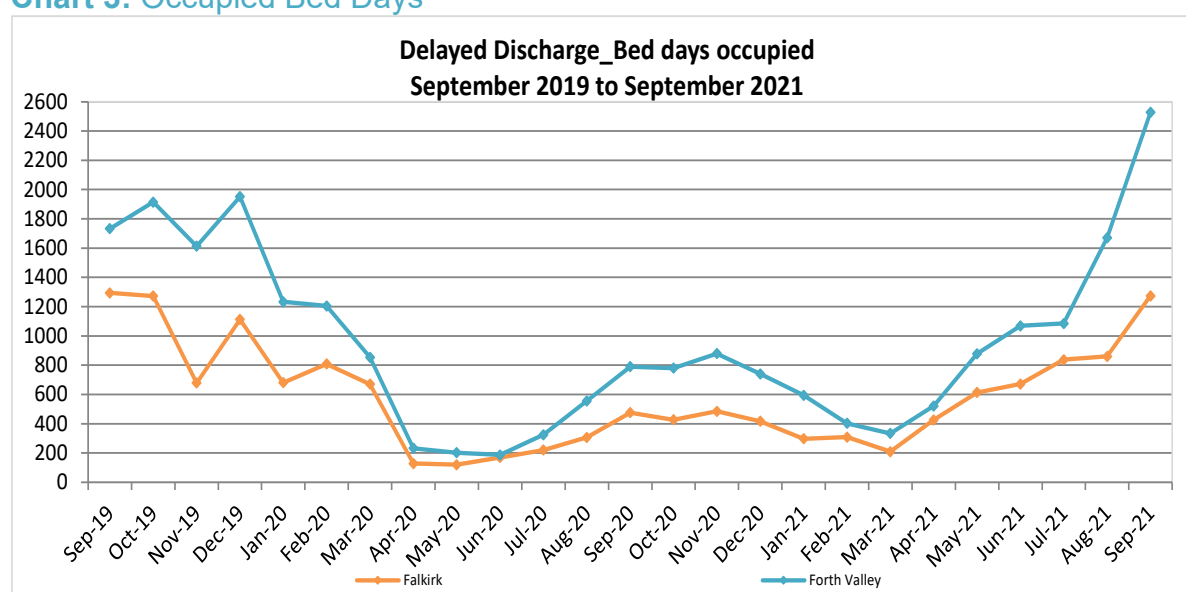
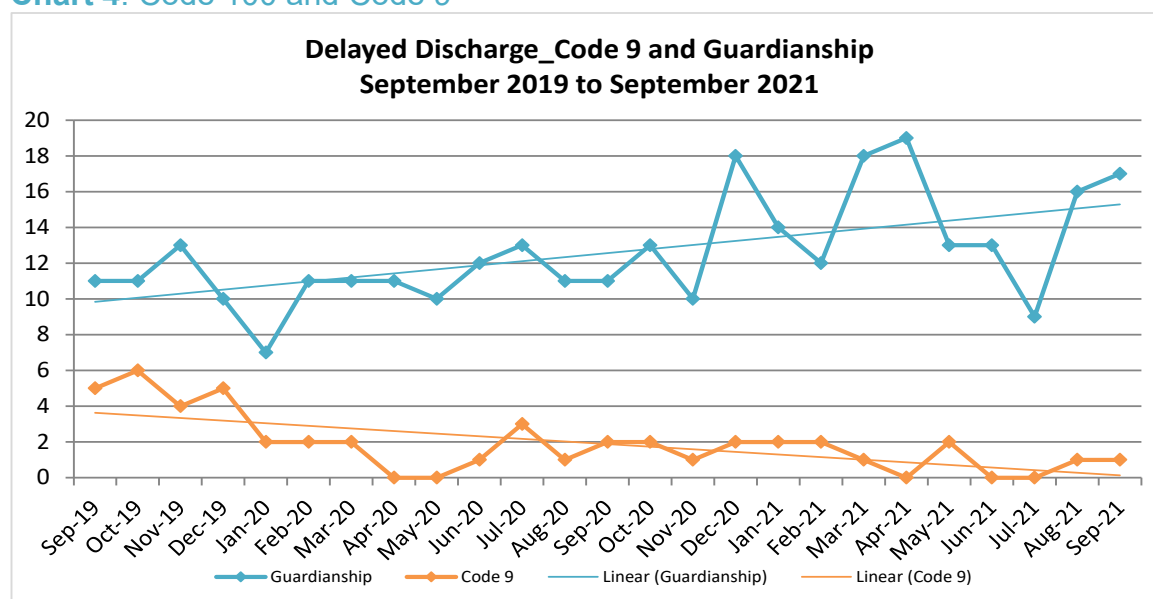


Chart 4: Code 100 and Code 9



Position

As a result of the ongoing pandemic there continues to be significant focus on the delayed discharge position with care in the community, community intermediate care and community hospital facilities a high priority. Work to support and develop these activities is on-going through the Falkirk HSCP remobilisation plan.

In addition, focus continues on work to support the flow of patients through Forth Valley Royal Hospital and the Community sites.

Actions include:

- Implementation of an integrated Home First Service for Falkirk
- ensuring frailty assessment in community is the norm
- enabling the right short term support at home through agile community care and support
- coordinating community support with less duplication and a more efficient support model
- delivery of an effective community model of care including effective response services, recovery, reablement, and community support
- ensuring timely access to specialist rehabilitation
- development of an approach to formal supports that is 'realistic' and personal outcome focussed.
- development of an Enhanced Community Response Team
- review of Winter Plan template 2021/22, with implementation of actions
- increased capacity in Summerford Intermediate Care Facility including a review of admission criteria.
- addition of step-down beds within 2 care homes locally
- additional provision of reablement focussed packages of care

All appropriate actions continue in support of timely discharge.

3.4. Local Outcome: Experience – Complaints to Social Work Adult Services

Purpose

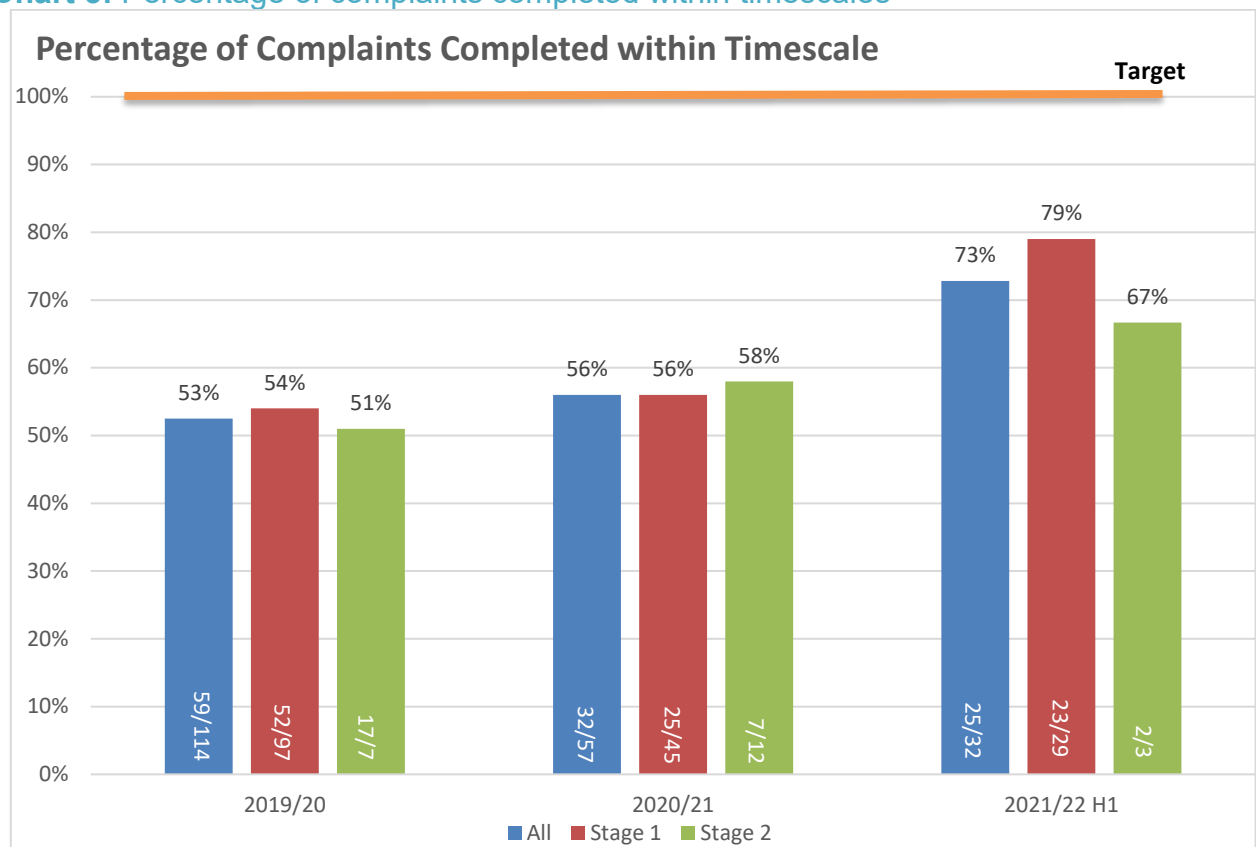
Monitoring and managing complaints is an important aspect of governance and quality management. It also helps ensure that any necessary improvement actions arising from complaints are followed up and implemented.

Position

Performance of complaints completed within timescale improved in the first half of 2021/22 to 73%, up from 56% for the full year 2020/21. This improvement was assisted by the Stage 1 performance increasing from 56% across 2020/21 to 79% in the first half of 2021/2022. Similarly, the Stage 2 complaints completed within the timescale increased from 58% in 2020/21 to 67% in the first half of 2021/2022. There has now been improvement in three continuous years on the total and Stage 1 & 2.

In the first half of the year, there were 25 complaints resolved (Stage 1 – 23; Stage 2 – 2). This is in comparison to 16 (Stage 1 – 13; Stage 2 – 3) for the same period last year. The quarterly average of complaints for the previous two years, pre Covid, was 27; since then, it has been 15.

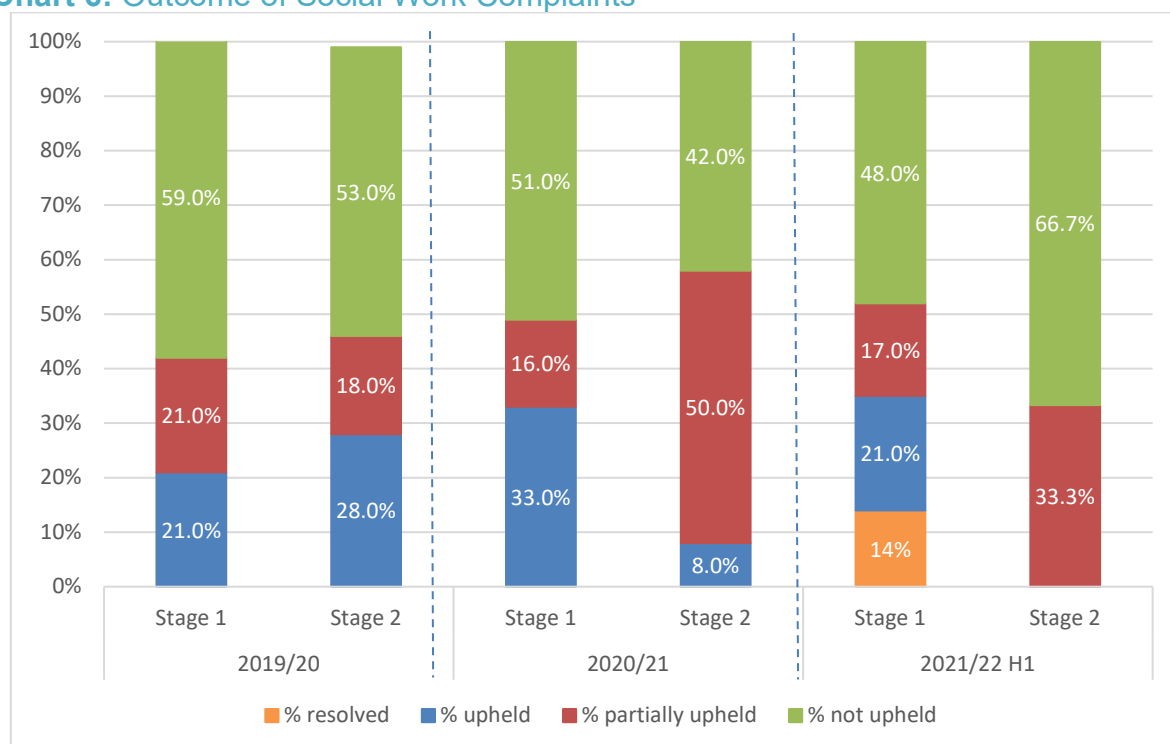
Chart 5: Percentage of complaints completed within timescales



In April 2021, the SPSO introduced a new response for Stage 1 and Stage 2 complaints. If, following discussion, the complainant and organisation can agree what action will be taken to resolve the complaint an outcome of resolved is recorded. Where a complaint is resolved, it is not usually necessary that the organisation continues investigating, although it may choose to do so, for example to identify learning. In the first half of 2021-22, four Stage 1 complaints were agreed as resolved.

Chart 6 shows the outcomes of the complaints for the last 3 years. Generally, a lower proportion of both Stage 1 & 2 complaints have been upheld, a trend since 2019/20. In the first half of the year, Stage 1 & 2 complaints not upheld was 48% and 66.7%, respectively.

Chart 6: Outcome of Social Work Complaints



The number of complaints remains low given the large number of service user contacts. Around 9,000 people receive an assessment/review each year. As a result of the low number of complaints, relatively small changes to those that meet/do not meet timescales or are upheld/ partially upheld, can generate significant variations in performance percentages.

The two most common categories of Stage 1 & 2 complaints during 2021/22 so far have been staff conduct (53.3%) - this includes disagreement with assessment outcomes - and care at home (16.77%).

Monitoring of complaint performance will continue to be overseen by a senior manager and feedback on complaint performance will be highlighted to managers across service areas as well as an individual basis where appropriate. More detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

3.5. Local Outcome: Experience – Complaints to NHS Forth Valley

Performance

During the reporting period April – August 2021, a total of 9 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excludes complaints transferred, withdrawn or where consent was not received. The overall response rate for Stage 1 and Stage 2 is 77.8%; Stage 1, 100%; Stage 2, 66.7%.

- Three complaints were responded to within 5 working days (Stage 1)
- Four complaints were responded to within 20 working days (Stage 2)

If a complainant remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO is the final opportunity for the complainant in the NHS complaint process and offers an independent view on whether the NHS have reasonably responded to a complaint.

The SPSO has received 2 cases relating to Falkirk Health & Social Care Partnership complaints during April – August 2021 and the Board have been notified by the SPSO that no investigation will be conducted into the cases.

It is worth noting that due to the low number of complaints, a single breach of the 20 day target will cause performance to drop significantly.

A breakdown of the complaint themes and departments is provided in table 3, detailing the number of issues raised against each theme. A complainant can raise multiple issues within their complaint and these themes can crossover into a variety of departments. The table provides a clearer understanding of the issues raised by complainants and areas for the Directorates to focus any key learning required or improvements to be made to services provided.

Table 3: Complaint Type and Category

Month	Category Type	Category	Department
Apr-21	Env/Dom/Patient Property/exp	Lost Property	Ward 1, Bo
	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Unit 5, FCH
	Treatment/clinical	Disagreement With Treatment/Ca	District Nursing (Falkirk)
May-21	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Ward 2, Bo
			Woodlands Resource Centre
		Staff Attitude	Ward 2, Bo
	Treatment/clinical	Disagreement With Treatment/Ca	Woodlands Resource Centre
		Waiting For Test To Be Carried	Woodlands Resource Centre
Jun-21	Staff/Communication (Oral)	Telephone	Continence Service
Aug-21	Env/Dom/Patient Privacy	On Ward Activities	Ward 2, Bo
	Staff/Attitude And Behaviour	Inappropriate Comments	Ward 2, Bo
		Insensitive To Patient Needs	CMHT(E) Falkirk
			Ward 2, Bo
	Treatment/clinical	Falls	Ward 2, Bo
		Poor Aftercare	District Nursing (Falkirk)

In total there are approximately 17 departments listed against the delegated functions. During the period April - August 2021, 8 departments received complaints.

Position

- Table 3 details the category of complaint raised enabling Directorates to focus any key learning required or improvements to be made to the services provided
- During the period April – August 2021, one complaint out of the 9 complaints received by Falkirk H&SCP has been Fully Upheld
- Learning needs continue to be identified in relation to upheld complaints with appropriate support in place
- To support staff with local resolution, NHS Forth Valley continues to raise awareness of Care Opinion, an on-line, independent website which enables patients, families and carers to leave feedback about their healthcare experience
- A comprehensive complaints performance report is examined and discussed at the Falkirk IJB Clinical and Care Governance Committee and NHS Forth Valley Clinical Governance Committee

3.6. Local Outcome: Experience – Attendance Management in Social Work Adult Services

Purpose

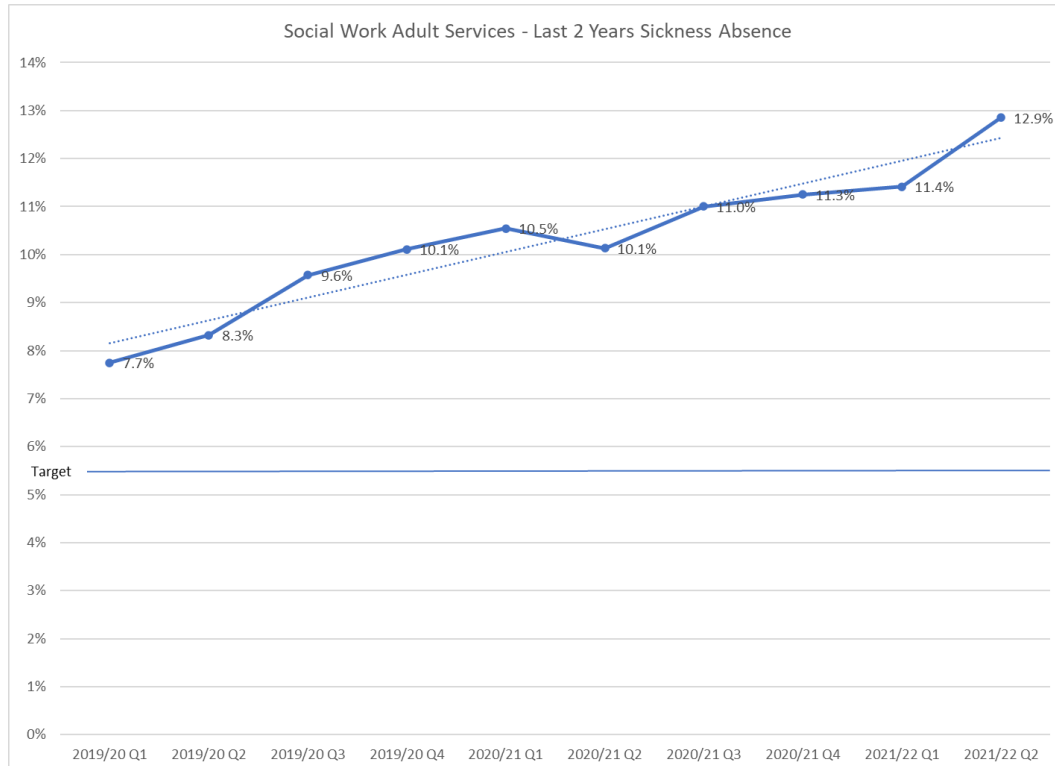
The management of sickness absence and the improvement of staff wellbeing is an important management priority. A target of 5.5% has been set for Social Work Adult Services in recognition of the fact that the service includes those engaged in Home Care and Residential Care which are recognised nationally as physically demanding and stressful occupations.

Position

The overall sickness absence figure for 2021/22 to the end of Q2 was 12.4%. For the same period last year sickness absence was 10.3%. The figures include Covid sickness but not Covid related absence, such as individuals self-isolating and/or having underlying health conditions, shielding or Carer responsibilities.

Chart 7 shows sickness absence by quarter since the beginning of 2019/20.

Chart 7: Sickness Absence in Social Work Adult Services since 2019/20



In 2019/20 the figure to the end of Q2 was 8.0%. Although an increase in sickness absence has occurred through the pandemic period, specific Covid sickness figures alone do not account for this rise 2019/20 and 2021/22.

However, the general consensus amongst management is that the persistent and ongoing demands of working through the pandemic has taken its toll on staff and that this is, primarily, what is pushing up the sickness rates. For example, Covid related absences where individual staff members are self-isolating, must be covered from existing staff resources.

Further analytical work is underway and early indications are that there has been an increase in stress related illnesses and across a wider range of categories of skeletal related injuries or ailments (due to increase moving and handling demands on staff). The service will use this analysis to support appropriate actions to address this complex issue.

3.7. Local Outcome: Experience – Attendance Management in NHS Forth Valley

Target

To reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed at the Staff Governance Committee.

Performance

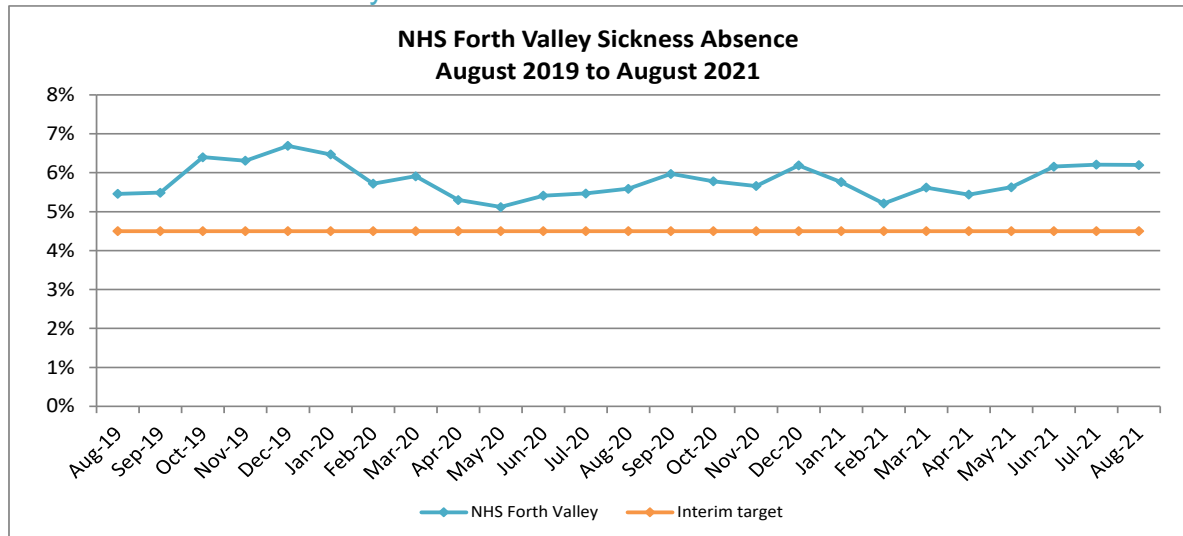
Absence remains above the target at 6.2% in August 2021. This is static from the previous month and an increase from 5.6% in August 2020. Coronavirus absences are recorded as Special Leave and are not included within the sickness absences

figures. The 12 month rolling average September 2020 to August 2021 is: NHS Forth Valley 6.0%; Scotland 5.1%.

The absence for Coronavirus reasons is noted as 2.1% in August 2021; an increase or deterioration from 1.8% in July 2021 and 1.2% in August 2020. Total absence for August 2021 is 8.3%, an increase from a total of 8.0% in July 2021.

Chart 8 highlights the sickness absence position, excluding COVID-19 absence reasons, from August 2019 to August 2021.

Chart 8: NHS Forth Valley Sickness Absence



Position

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley. A multidisciplinary improvement programme is on-going along with the establishment of a partnership working group. Support is being provided to staff at work, to staff self-isolating and to enable home working and to those staff returning from a prolonged period of shielding.

Issues in relation to workforce are examined and discussed at the quarterly NHS Forth valley Staff Governance Committee.

3.8. Local Outcome: Experience – Psychological therapies

Target

90% of patients should start treatment within 18 weeks of referral to Psychological Therapies (18 week Referral to Treatment).

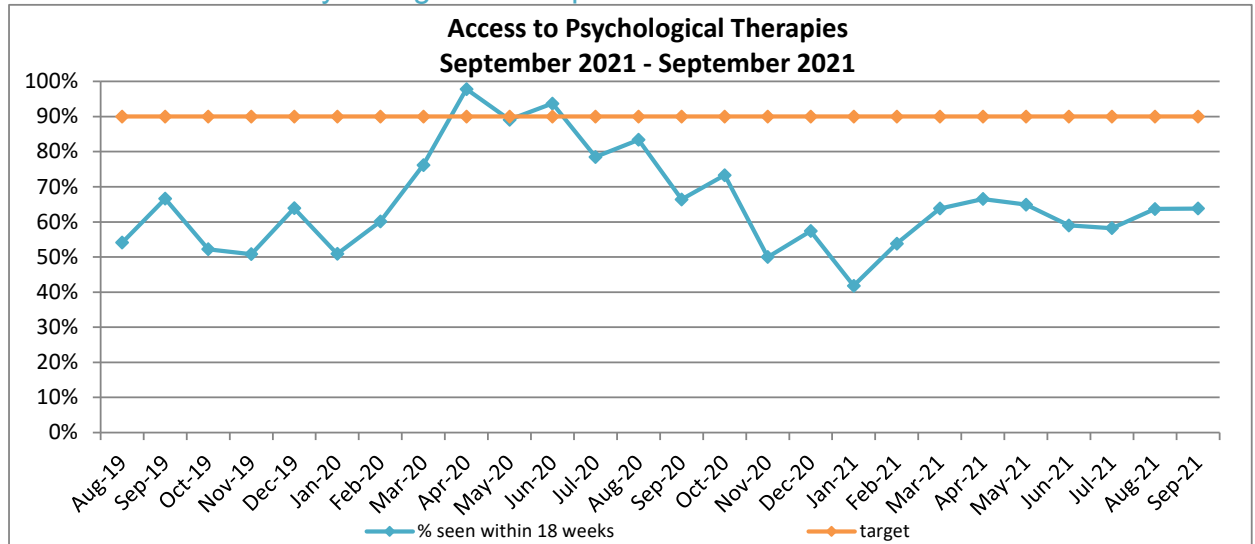
Position

In September 2021, 63.8% of patients started treatment within 18 weeks of referral. This is static from 63.7% in August 2021 and a deterioration from 66.4% in September 2020. The number of patients waiting is monitored on a weekly basis with evidence of a reduction in those patients waiting the longest.

The prioritisation of patients who have experienced long waits adversely impacts on performance against the 90% 18-week referral to treatment standard.

Chart 9 highlights the 18 week referral to treatment position August 2019 to August 2021.

Chart 9: Access to Psychological Therapies



The published data for the quarter ending June 2021 highlights that 63.4% of patients started Psychological Therapies treatment within 18 weeks of referral. This is an improvement from 51.5% in the previous quarter.

A number of actions are being undertaken to address the lengthy waits faced by some patients.

The service has:

- Completed a waiting list validation exercise
- Participated in a national pilot of additional online treatment packages for anxiety and perinatal populations
- Redeveloped the public facing NHS Forth Valley website Mental Health pages, including access to online wellbeing modules
- Extended the rapid access support to Primary Care patients for 12 months to allow evaluation

In addition, there are several other actions aimed at reducing waiting times currently in local development including engagement with the Scottish Government's Enhanced Support Programme.

The NHS Board has received funding to address waiting list backlogs in Psychological Therapies with actions to address long waits set out as part of the Remobilisation Plan. Recruitment to psychology posts is challenging due to the limited available workforce and will potentially become even more so with this significant national investment in psychological therapies. Additionally, the Scottish Government Psychological Therapies Enhanced Support Team has

indicated that a proportion of the resource should be used for non-clinical support in terms of e.g., ensuring access to appropriate data.

3.9. Local Outcome: Strong Sustainable Communities - Overdue pending Occupational Therapy (OT) Assessments

Purpose

Currently Occupational Therapists (OT) in Social Work Adult Services work with people with complex health and social needs. The focus of the work of the OT is to work collaboratively with a person to find solutions to assist them to live independently at home for as long as possible. This includes advising on self-management techniques, providing advice to carers, intense reablement, technology solutions and provision of equipment and adaptations if required. OTs will also offer advice and support to paid care staff, NHS and Social Work Adult Services colleagues in regard to more straightforward solutions to meet service user needs.

Position

The number of overdue OT pending assessments increased by 35% from 208 at the end of June 2021 to 280 at the end of September 2021. Of these 280 cases, 217 (77%) were priority 2 and the remainder - 63 (22%) - were priority 3. These assessments are specifically identified as requiring an assessment by a qualified OT. The service has consistently been able to respond to priority one assessment and there has been no waiting list for these.

Chart 10: Overdue OT Pending Assessments

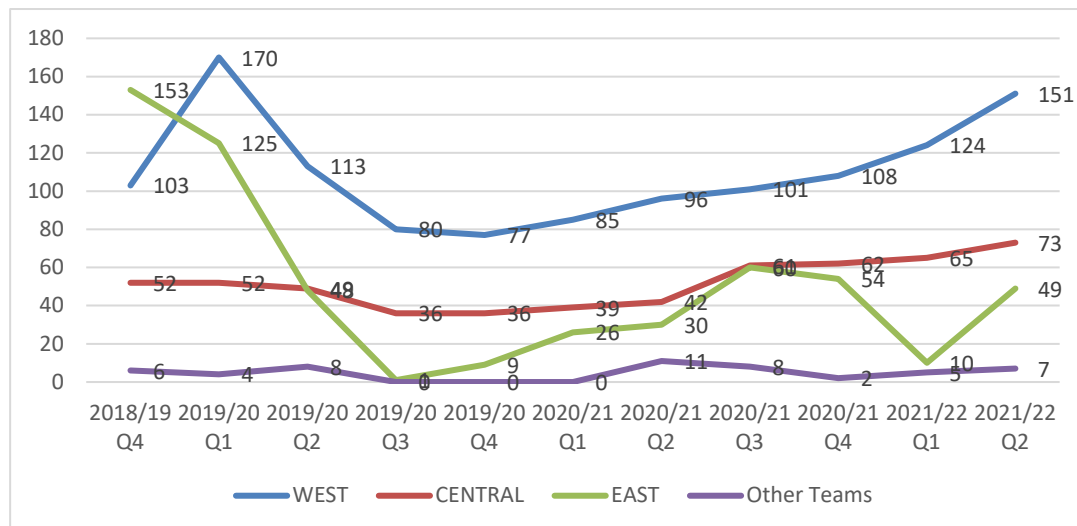


Chart 10 shows the trend since the beginning of 2018 demonstrating significant improvement through the following year before the pressure of the Covid pandemic hindered sustaining this progress. Overall numbers did not rise in the first two quarters of this calendar year but the period between July and September saw an increase, primarily due to growing numbers in the East and West Localities.

Change in Staffing

Vacancies in qualified posts (Occupational Therapists and Social Workers) across the locality teams continues to be high. With a further anticipated loss in experienced and senior OT staff. Ongoing recruitment to these vacancies continues however is not replacing experienced staff at the same rate. New appointments are predominantly newly qualified practitioners who require time and training to develop their clinical skills. The impact of vacancies at these levels means that there are challenges for managers in allocating cases across both professional disciplines.

Significance of Covid pressures

The prioritisation of adult support and protection work and 'critical need' activity, such as care at risk of breakdown, supporting hospital discharge and avoiding hospital admissions continues. Social Work Occupational Therapy staff resource continues to be diverted towards supporting the work of reducing delayed discharges and additional community flow beds.

The locality teams continue to utilise the flexibility of our Occupational Therapy workforce to respond to critical work and have been heavily reliant on the broad skills and knowledge of our experienced Occupational Therapist.

Occupational Therapists continue to make up a high percentage of the council officers responding to Adult Support and Protection work. This flexibility remains essential to the team's ability to deliver an effective service to support citizens' safety and wellbeing.

The early intervention and prevention work undertaken by Occupational Therapists within a Reablement model of assessment and intervention has also been significantly reduced in response to Covid pressures.

Team Managers and Senior Workers continue to monitor recommendations made by duty workers regarding appropriate worker to carry out next assessment to ensure that the figures awaiting OT assessment are minimised.

Review of Occupational Therapy Services

A Review of Occupational Therapy service provision across the Partnership (NHS & SW) is currently under way. The aim of the review is to reduce unnecessary duplication and delay of referrals, assessments and interventions between health and social care partnership Occupational Therapists. This should improve the access to Occupational Therapy services for service users in the medium to longer term.

Living Well Centres were giving people with lower level needs an alternative to waiting on a pending list for a home assessment. However, the Living Well Falkirk Centre has been closed since March 2020. People with early-stage functional decline are being added to locality teams waiting lists. Within the current recruitment plan, additional Social Care Officer posts are being progressed to support the re-opening of the Living Well Centre. However, it is acknowledged that there is a limited number of available skilled staff to fill these vacancies and often this results in staff resource being drawn from other essential services.

4. Core Suite of Integration Indicators

The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions. The Partnership reports progress against the suite of 23 national integration indicators. This enables us to understand how well our services are meeting the needs of the people who use them.

Indicators 1-9 are populated by the bi-annual Health and Care Experience Survey. The most recently available data for these indicators is for 2019/20. Indicators 11-20 are in the main populated from the Scottish Morbidity Records (SMRs) which are submitted from local Health Boards to Public Health Scotland (PHS). As the records are generated on discharge, PHS has recommended using calendar year 2020 instead of financial year 2020/21 for some indicators in order to avoid under reporting.

In previous years the analyses of the National Indicators included a focus on direction of travel and whether performance had improved, deteriorated or the position had been maintained. Due to various changes in the 2019/20 HACE survey wording, indicators 2, 3, 4, 5, 7 and 9 are no longer directly comparable to previous years. The impact of COVID means comparisons to previous years are also more challenging for other indicators. For the reasons outlined the annual performance report will focus on comparison to the national average.

Our performance for 2020 - 2021 is set out in the following 'Performance at a Glance', with more detailed tables available in Appendix 3. The summary shows that for 13 out of the 19 (68.4%) indicators for which data are available Falkirk compares either well or similar to the National average.

4.1. Performance at a Glance

Key

Compares well to Scotland	Does not compare well to Scotland	Similar to Scotland
<ul style="list-style-type: none"> Falkirk rate is 2% better than Scotland (not 2 percentage points) 	<ul style="list-style-type: none"> Falkirk rate is <u>not</u> within 2% of Scotland Rate (not 2 percentage points) 	<ul style="list-style-type: none"> Falkirk rate within 2% of Scotland (not 2 percentage points)
92.4% of adults able to look after their health very well or quite well NI-1 Scotland = 92.9%	79.2% of adults supported at home who agreed that they are supported to live independently as possible NI-2 Scotland = 80.8%	78.6% adults supported at home who agreed that they had a say in how their help, care, or support was provided NI-3 Scotland = 75.4%
74.6% of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated NI-4 Scotland = 73.5%	83.6% of adults receiving any care or support who rated it as excellent or good NI-5 Scotland = 80.2%	76.4% of people with positive experience of the care provided by their GP practice NI-6 Scotland = 78.7%
78.8% adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life NI-7 Scotland = 80.0%	36.6% carers feel supported to continue in their caring role NI-8 Scotland = 34.3%	85.8% of adults supported at home agreed they felt safe NI-9 Scotland = 82.8%

Key

Compares well to Scotland	Does not compare well to Scotland	Similar to Scotland
<ul style="list-style-type: none"> Falkirk rate is 2% better than Scotland (not 2 percentage points) 	<ul style="list-style-type: none"> Falkirk rate is <u>not</u> within 2% of Scotland Rate (not 2 percentage points) 	<ul style="list-style-type: none"> Falkirk rate within 2% of Scotland (not 2 percentage points)

460 per 100,000 Premature mortality rate per 100,000 persons (NI - 11) Scotland = 457 per 100,000	13,405 admissions per 100,000 Emergency Admission Rate 2020 (NI - 12) Scotland = 11,100 per 100,000	110,876 bed days per 100,000 Emergency Bed Day Rate 2020 (NI - 13) Scotland = 101,852 per 100,000
158 per 1,000 Readmission to hospital within 28 days - rate per 1,000 population 2020 (NI - 14) Scotland = 114 per 1,000	89.3% Proportion of last 6 months spent at home or in a community setting 2020 (NI - 15) Scotland = 90.1%	22.2 Falls per 1,000 Falls rate per 1,000 population aged 65+ 2020 (NI - 16) Scotland = 21.7 per 1,000
87.1% Proportion of care services graded 'good' or better in Care Inspectorate inspections, 2020 (NI - 17) Scotland = 82.5%	64.2% Percentage of adults with intensive care needs receiving care at home, 2020 (NI - 18) Scotland = 62.9%	688 per 100,000 Number of days people spend in hospital when they are ready to be discharged, 2020 (NI - 19) Scotland = 488 per 100,000
21.0% Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency (NI - 20) Scotland = 21.0%		

Indicator Summary



Appendix 1 Falkirk Integration Joint Board Strategy Map

Vision “to enable people in Falkirk HSCP are to live full and positive lives within supportive and inclusive communities”				
Local Outcomes	Self Management	Safe	Experience	Strong Sustainable Communities
National Outcomes (9)	1) Healthier living 4) Quality of Life 5) Reduce Inequalities	7) People are safe	3) Positive experience and outcomes 8) Engaged work force 9) Resources are used effectively	2) Independent living 6) Carers are supported
National Indicators (23)	1) % of adults able to look after their health well/quite well 7) % of adults who agree support has impacted on improving/maintaining quality of life 11) Premature mortality rate 12) Rate of Emergency admissions for adults 17) % of care services graded 'good' (4) or better by Care Inspectorate	9) % of adults supported at home who felt safe 13) Emergency bed day rate for adults 14) Readmission to hospital within 28 days rate 16) Falls rate per 1000 population 65+yrs	3) % of adults who agree that they had a say in how their help/care was provided 4) % of adults supported at home who agree their health and care services are co-ordinated 5) % of adults receiving care and support rated as excellent or good 6) % of people with positive GP experiences 10) % of staff who recommend their place of work as good 19) Rate of days people aged 75+ spend in hospital when they are ready to be discharged, 20) % of total health and care spend on hospital stays where the patient admitted as an emergency 22) % people discharged from hospital within 72 hours of being ready 23) Expenditure on end of life care	2) % of adults supported at home who agree they are supported to be independent 8) % of carers who feel supported in their role 15) % of last 6 months of life spent at home or in community 18) % of adults 18+ years receiving intensive support at home 21) * % of people admitted to hospital from home then discharged to care home
MSG Indicators	a. Number of A&E attendances and the number of patients seen within 4 hours b. Number of emergency admissions into Acute specialties	c. Number of unscheduled hospital bed days, with separate objectives for Acute, Geriatric Long Stay and Mental Health specialties	d. Number of delayed discharge bed days	e. Percentage of last six months of life spent in the community f. Percentage of population residing in non-hospital setting for all adults and people aged 75+

Partnership Indicators

Self Management			Freq	Safe			Freq	Experience			Freq	Strong Sustainable Communities			Freq
24	Emergency department 4 hour wait NHSFV	M		42	Readmission rate within 28 days per 1000 FV population	M		54	Standard delayed discharges	M		70	The total respite weeks provided to older people aged 65+. Annual Indicator	Y	
25	Emergency department 4 hour wait Falkirk	M		43	Readmission rate within 28 days per 1000 Falkirk population	M		55	Delayed discharges over 2 weeks	M		71	The total respite weeks provided to older people aged 18-64. Annual	Y	
26	Emergency department attendance per 100,000 FV Population	M		44	Readmission rate within 28 days per 1000 Falkirk population 75+	M		56	Bed days occupied by delayed discharges	M		72	Number of people aged 65+ receiving homecare	Q	
27	Emergency department attendances per 100,000 Falkirk	M		45	Number of Adult Protection (AP) Referrals (data only)	Q		57	Number of Code 9 delays	M		73	Number of homecare hours for people aged 65+	Q	
28	Emergency admission rate per 100,000 FV population	M		46	Number of Adult Protection Investigations (data only)	Q		58	Number of Code 100 delays	M		74	Rate if homecare hours per 1000 population 65+	Q	
29	Emergency admission rate per 100,000 Falkirk population	M		47	Number of Adult Protection Support Plans (data only)	Q		59	Delays – including Code 9 and Guardianship	M		75	Number receiving 10+ hours of homecare		
30	Acute emergency bed days per 1000 FV population	M		48	The total number of people with community alarms at the end of the period	Q		60	Percentage of service users satisfied with their involvement in the design of their care package			76a	Number & percentage of Home Care service users aged 65+ receiving personal care	Q	
31	Acute emergency bed days per 1000 Falkirk population	M		49	Percentage of community care service users feeling safe	Q		61	Percentage of services users satisfied with opportunities for social interaction			76b	Number & percentage of Home Care service users aged 18-64 receiving personal care		
32	Number of patients with an Anticipatory Care Plan in FV	M		50	Number of new Telecare service users 65+	Q		62	Percentage of carers satisfied with their involvement in the design of their care package			77	Number of new Telecare service users 65+		
33	Number of patients with an Anticipatory Care Plan in Falkirk	M		51	Rate per 1,000 Acute Occupied Bed Days attributed to Staphylococcus Aureus Bacteraemia's (SABs)	M		63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support			82	The number of people who had a community care assessment or review completed		
34	Key Information Summary (KIS) as a percentage of the Board area list size FV	M		52	Rate per 1,000 Bed Days attributed to Device Associated Infections	M		64a	The proportion of SWAS (Stage 1 & 2) complaints completed within 20 days			83	Number of Adult Carer Support Plans that have been completed by the Carers Centre		
35	Key Information Summary (KIS) as a percentage of the Board area list size Falkirk	M		53	Rate per 1,000 Bed Days in the 65+ age group attributed to Clostridium Difficile	M		64b	The proportion of SWAS (stage 1&2) complaints completed within timescales			84	The number of overdue 'OT' pending assessments at end of the period		
36	Long term conditions - bed days per 100,000 population	M						64c	The proportion of SWAS (completed stage 1 & 2) complaints upheld			85	Proportion of last 6 months of life spent at home or community setting		
37	SDS Option 1: Direct payments (data only)							65	The number of complaints to NHS Forth Valley applicable to Falkirk IJB			86	Number of days by setting during the last six months of life: Community		
38	SDS Option 2: Directing the available resource (data only)							65a	The percentage of complaints responded to within 20 days						
39	SDS Option 3: Local Authority arranged (data only)							65b	The number of SPSO cases received						
40	SDS Option 4: Mix of options, 1,2,3 (data only)							66	Medical Absence in SWAS (target -5.5%)						
								66a	Attendance Management – SWAS (target – 5.5%)						

				66b	Attendance Management – NHS Forth Valley (target 4%)				
				67	Delivery of Alcohol Brief Interventions	Q			
				68a	Percentage of patients that commence treatment for substance misuse within 3 weeks of referral – Alcohol & Drug Partnership (ADP)	Q			
				68b	Percentage of patients that commence treatment for substance misuse within 3 weeks of referral - Prison	Q			
				69	Access to Psychological Therapies (18 week referral to treatment – 90% target)	M			

Local Indicators no longer needed / superseded

Self Management		Freq	Safe		Freq	Experience		Freq	Strong Sustainable Communities		Freq
41	No recorded SDS option								78	The proportion of Home Care service users aged 65+ receiving a service during evening/overnight	
									79	The proportion of Home Care service users aged 65+ receiving a service at weekends	
									80	Percentage of Rehab At Home service users who attained independence after 6 weeks (target – 80%)	
									81	Percentage of Crisis Care service users who are retained in the community when service ends (target - 70%)	

Local Indicators Under Development

Self Management		Freq	Safe		Freq	Experience		Freq	Strong Sustainable Communities		Freq
							Alcohol related deaths (per 100,000 population aged 19 and over)				

			Suicide Rate per 100,000 population		
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Appendix 2 GLOSSARY

Accident & Emergency (A&E) Services - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.

Admission - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.

Admission rate - the number of admissions attributed to a group or region divided by the number of people in that group (the population).

Anticipatory Care Plan (ACP) - The measure is the number of patients who have a Key Information Summary or Electronic Palliative Care Summary uploaded to the Emergency Care Summary. The Emergency Care Summary provides up to date information about allergies and GP prescribed medications for authorised healthcare professionals at NHS24, Out of Hours services and accident and emergency.

Attendance - The presence of a patient in an A&E service seeking medical attention.

Attendance rate - The number of attendances attributed to a group or region divided by the number of residents in that group (the population).

COPD – Chronic Obstructive Pulmonary Disease

Delayed Discharge

Code 9 - Code 9 and its various secondary codes, are used by partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital:

- The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate i.e. no other suitable facility available
- Patients for whom an interim move is not possible or reasonable
- The patient lacks capacity, is going through a Guardianship process

Code 100 - Some patients destined to undergo a change in care setting should not be classified as delayed discharges and can be categorised as:

- Long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care
- Patients awaiting a 'reprovisioning' programme where there is a formal (funded) agreement between the relevant health and/or social work agencies
- Information on patients recorded as code 100 is not published but details are made available to the Scottish Government.

Emergency Department (ED) – The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care

4 hour wait standard - since 2007 the national standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place.

Frequent attenders - Have been defined as patients who attend a health care facility repeatedly. The frequency of attendance has been variously defined between 3 and 12 attendances per annum.

HAI - Healthcare Acquired Infections

MSG – Ministerial Strategic Group (Scottish Government)

Pentana – Performance Management eHealth system formerly referred to as Covalent

RAG – Red, Amber or Green status of a measure against agreed target.

Readmission – admission to hospital within either 7 or 28 days of an index admission standardised by specialty

SAS – Scottish Ambulance Service

Scottish Index of Multiple Deprivation - The area based measurement of multiple deprivation ranking areas based on 38 indicators spanning 7 dimensions of deprivation; employment, income, health, education, housing, geographic access to services and crime.

SPSO - The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about councils, the National Health Service, housing associations, colleges and universities, prisons, most water providers, the Scottish Government and its agencies and departments and most Scottish authorities.

Unscheduled Care - is “NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It relates to aim of reducing the number of patients and the amount of time they spend in hospital where it is not planned e.g. operation. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, and improved patient flow through hospital systems.

Variance Range – The percentage difference between data at 2 different points in time.

Appendix 3 Core Suite of Integration Indicators – Full Tables

	NI	Title	Falkirk Partnership			Comparator Average	Scotland
			2015/16	2017/18	2019/20	2019/20	2019/20
Outcome Indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	93.3%	92.4%	92.4%	92.9%	92.9%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	84.7%	82.5%	79.2%	81.4%	80.8%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79.6%	76.0%	78.6%	74.2%	75.4%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78.5%	71.8%	74.6%	74.3%	73.5%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	81.3%	80.5%	83.6%	80.8%	80.2%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84.5%	81.0%	76.4%	78.4%	78.7%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83.6%	78.3%	78.8%	80.2%	80.0%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	42.6%	37.3%	36.6%	34.0%	34.3%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	84.7%	84.1%	85.8%	85.3%	82.8%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA	NA

	NI	Title	Falkirk Partnership					Comparator Average	Scotland
			2016/17	2017/18	2018/19	2019/20	2020	Latest	Latest
Data Indicators	NI - 11	Premature mortality rate per 100,000 persons	466	427	449	435	460	459	457
	NI - 12	Emergency admission rate (per 100,000 population)	11,771	12,325	12,125	15,325	13,405	11,970	11,100
	NI - 13	Emergency bed day rate (per 100,000 population)	144,772	138,571	137,752	134,170	110,876	106,845	101,852
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	121	121	118	152	158	110	114
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	85.5%	86.4%	86.1%	87.0%	89.3%	90.0%	90.1%
	NI - 16	Falls rate per 1,000 population aged 65+	19.8	21.9	23.9	24.6	22.2	21.7	21.7
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85.8%	88.2%	83.8%	87.4%	87.1%	84.5%	82.5%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	64.6%	64.2%	64.7%	63.7%	64.2%	64.8%	62.9%
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1023	910	1178	1020	688	511	488
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.4%	23.6%	23.8%	25.9%	21.0%	21.4%	21.0%
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA

Source: Public Health Scotland

Notes:

1. NA indicates where data is not yet available.
2. NI 1 – 9: Data are presented on financial year file and 2019/20 is the most recent data available. The figures presented for the Core Suite of Integration Indicators may differ from those published due to changes in the underlying methodology. Historic figures will also not be comparable due to a change in methodology.
3. NI 12 – 16, 18 and 20: Calendar year 2020 is used here as a proxy for 2020/21 due to the national data for 2020/21 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. Please note that figures presented will not take into account the full impact of COVID-19 during 2020/21.
4. NI 17 and 19 are presented on financial year with the latest available data being from 2020/21.
5. NI 1 – 9, 11 and 17: for these indicators the data available for each Council Area in the Comparators group is a percentage or a rate only. So, the 'Comparator Average' is the average of the percentages or rates for each indicator, rather than a true weighted average.
6. NI 12 – 16 and 18 – 20: for these indicators, the 'Comparator Average' is a true weighted average.
7. Since moving to TrakCare in April 2019 Combined Assessment Unit (CAU) activity has been recorded in SMR01 under significant facility 11 whereas previously it was recorded in SMR00. This has contributed to an increase in the total number of emergency admissions (indicator 12) in Forth Valley areas from 2019/20 onwards. This will also have had an impact on Indicator 14.

Comparators: Includes members of Family Group 3: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian:
<http://www.improvementservice.org.uk/benchmarking/how-do-we-compare-councils.html>